



FORM CJT 721
ADDING/CHANGING FIREARM
-AGENCY/INFORMATION UPDATE
PRIVATE SECURITY GUARDS / PRIVATE
INVESTIGATORS/ BAIL RECOVERY AGENTS
Revised 5/2013

Return completed application & forms to:
WSCJTC
PRIVATE SECURITY
19010 1ST AVE S
BURIEN WA 98148
By Email: citregistrar@cjtc.state.wa.us
Or Fax To: 206-835-7953

INSTRUCTIONS (Please type or print ALL information legibly):

Employer must complete and sign this form and return it to the Training Commission with required test sheets. (Forms CJT 728, 729, or 730) Attach original firearms certification test sheets which have been completed & signed by a certified instructor and the applicant. There must be a qualification course sheet for each weapon you have listed below. **FORM 731 is not needed.** Please visit www.cjtc.state.wa.us for applications and forms under the Private Security link.

FEE: \$0

Additional firearm information is stored in the WSCJTC database and provided to DOL when requested. The WSCJTC does not send out notices for add/changes or agency updates once processed.

CHECK ALL THAT APPLY

CHECK ONE

☐ **ADDING/CHANGING
FIREARM**

☐ **AGENCY/INFORMATION
UPDATE**

☐ **PRIVATE SECURITY/
PRIVATE INVESTIGATOR**

☐ **BAIL BOND
RECOVERY AGENT**

LAST NAME:

FIRST NAME:

MIDDLE

SOCIAL SECURITY NUMBER

WSCJTC ARMED CERTIFICATION #:

DOL LICENSE #:

AGENCY / COMPANY NAME:

AGENCY EMAIL ADDRESS:

AGENCY ADDRESS:

CITY:

STATE:

ZIP CODE:

AGENCY PHONE:

AGENCY BUSINESS LICENSE NUMBER:

NEW FIREARMS: (COMPLETE ALL THAT APPLY)

HANDGUN	MANUFACTURER -MODEL NAME -CALIBER
	MANUFACTURER -MODEL NAME -CALIBER
	MANUFACTURER -MODEL NAME -CALIBER

SHOTGUN	MANUFACTURER -MODEL NAME -CALIBER
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RIFLE	MANUFACTURER -MODEL NAME -CALIBER
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The applicant named herein is at least 21 years of age and possesses a current and valid security guard, private detective, or bail recovery agent license. Sole proprietors/principals must sign for themselves.

COMPANY OWNER/DESIGNEE (PRINT)

COMPANY OWNER/DESIGNEE (SIGNATURE)

FOR COMMISSION USE ONLY

Approved ☐
Disapproved ☐
Date Received: _____
Email Confirmation: _____

Handgun (s): _____
Shotgun (s): _____
Rifle (s): _____

DATE PROCESSED: